

APPLICANT	SERIAL NUMBER 09/238,136	FILING DATE 02/17/99	CLASS 375	GROUP ART UNIT 2734 2651	ATTORNEY DOCKET NO. 12-38																
DEEPEN SINHA, CHATHAM, NJ; CARL-ERIK WILHELM SUNDBERG, CHATHAM, NJ.																					
CONTINUING DOMESTIC DATA***																					
VERIFIED																					
371 (NAT'L STAGE) DATA***																					
VERIFIED																					
<i>OPH 5/21/03</i>																					
FOREIGN APPLICATIONS***																					
VERIFIED																					
FOREIGN FILING LICENSE GRANTED 02/17/99																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Foreign Priority claimed 35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Fees Paid <input checked="" type="checkbox"/> Met after Allowance</td> <td>STATE OR COUNTRY NJ</td> <td>SHEETS DRAWING 2</td> <td>TOTAL CLAIMS 20</td> <td>INDEPENDENT CLAIMS 4</td> </tr> <tr> <td colspan="2">Verified and Acknowledged <i>John B. Ryan</i></td> <td colspan="2">EXAMINER'S INITIALS <i>John B. Ryan</i></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Fees Paid <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4	Verified and Acknowledged <i>John B. Ryan</i>		EXAMINER'S INITIALS <i>John B. Ryan</i>					
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AUTHORITY	JOSEPH B. RYAN RYAN & MASON 90 FOREST AVENUE LOCUST VALLEY NY 11560																				
TITLE	JOINT MULTIPLE PROGRAM CODING FOR DIGITAL AUDIO BROADCASTING AND OTHER APPLICATIONS																				
FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit																	